

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

7511

CERTIFICATE OF DEATH

REGISTRAR'S NO.

421-6

BIRTH NO.

1. PLACE OF DEATH

A. COUNTY

Yavapai

B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL)  
TOWN Prescott

C. LENGTH OF STAY  
IN THIS PLACE IN ARIZONA  
2 Yrs. 63 Yrs.

2. USUAL RESIDENCE

(WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION).  
A. STATE Arizona B. COUNTY Gila

C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL)  
OR TOWN Globe

D. STREET ADDRESS (IF RURAL, GIVE LOCATION)  
Not known

3. NAME OF DECEASED

A. (FIRST)

B. (MIDDLE)

C. (LAST)

Jasper

D.

Henderson

Male

White

(TYPE OR PRINT)

6. MARRIED

NEVER MARRIED

WIDOWED ☐ DIVORCED

7. DATE OF BIRTH  
MONTH DAY YEAR  
Sept. 24, 1863

8. AGE

YEARS

MONTHS

DAYS

88

2

12

IF UNDER 24 HOURS  
HOURS MIN.

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).  
Cowboy

9B. KIND OF BUSINESS OR INDUSTRY

Cattle Ranch

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  
Texas

11. CITIZEN OF WHAT COUNTRY?  
U.S.A.

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)  
No

13. SOCIAL SECURITY NO.  
None

14A. FATHER'S NAME

John A. Henderson

14B. BIRTHPLACE (STATE OR COUNTRY)  
Miss.

15A. MOTHER'S MAIDEN NAME  
Diana Johns

15B. BIRTHPLACE (STATE OR COUNTRY)  
Kansas

16. INFORMANT'S SIGNATURE

Pioneer's Home Records Prescott, Ariz.

ADDRESS

17. DATE OF DEATH

(MONTH) (DAY) (YEAR)  
December 6, 1951

18. CAUSE OF DEATH  
ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).

\*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.  
PLACE DISEASE CONTAINED.

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH\* (a)

MEDICAL CERTIFICATION

Branch Pneumonia

INTERVAL BETWEEN ONSET AND DEATH  
1 week

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

DUE TO (b) Senility Senile

DUE TO (c) Senile Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT SUICIDE HOMICIDE

(SPECIFY)

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

21C. (CITY OR TOWN)

(COUNTY) (STATE)

21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON 3 Dec 1951, AND THAT DEATH OCCURRED AT 8:40 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE

(DEGREE OR TITLE)

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

24B. DATE

12-8-51

24C. NAME OF CEMETERY OR CREMATORY

Pioneer's Cemetery

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)

Prescott, Ariz.

25A. DATE REC'D BY LOCAL REG.

12/8/51

25B. REGISTRAR'S SIGNATURE

Ripie Curviance Deputy

26. FUNERAL DIRECTOR'S SIGNATURE

Prescott, Ariz.

27. EMBALMER'S SIGNATURE

CERT. NO.

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